Delaware’s Plan for Unwinding from the COVID-19 Public Health Emergency

February 2023

dhss.delaware.gov
Unwinding
Process by which the State will resume annual Medicaid eligibility reviews.
DHSS starts preparations for unwinding.

DHSS starts preparations for unwinding.

Congress passed the Consolidated Appropriations Act (CAA).

Congress designates as date for unwinding to begin.
DHSS starts preparations for unwinding. December 29, 2022
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April 1, 2023
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STATE OF DELAWARE

MEDICAID RECIPIENTS

- April 2020
- February 2023
- ~27% Growth
During unwinding, DSS/DMMA will process monthly:

- **5,245** non-LTC Medicaid renewals
- **1,831** LTC Medicaid renewals

Based on CMS’s requirement that no more than 1/9 of all renewals are completed in any given month.
BACKGROUND

Federal Medical Assistance Percentages (FMAP) used in determining the amount of Federal matching funds for State expenditures for assistance payments.
### ENHANCED FMAP PHASEOUT

<table>
<thead>
<tr>
<th>Year</th>
<th>2023</th>
<th>2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced FMAP</td>
<td>6.2% FMAP</td>
<td>5.0% FMAP</td>
</tr>
<tr>
<td>Month</td>
<td>Jan</td>
<td>Feb</td>
</tr>
</tbody>
</table>

**March 31, 2023**  
End of the Medicaid continuous coverage requirement.

**December 31, 2023**  
Enhanced FMAP phases out by 12/31.
Members SHOULD EXPECT:

1. **Members will need to renew** their Medicaid over the course of the unwinding period (April 1, 2023 to June 30, 2024).

2. **Members will have to update their contact information** or report other changes.

3. **Renewals will be worked from oldest to newest.**

4. **Members should be on the lookout for any communication** from the State and follow up on it quickly.

5. **The DSS Customer Relations Unit, DSS/DMMA eligibility workers, the health plans, and other State staff will be supporting members** through this process.

[Link to DHSS website](dhss.delaware.gov)
<table>
<thead>
<tr>
<th><strong>Postpartum Women</strong></th>
<th><strong>People Living with I/DD</strong></th>
<th><strong>Members Living in a Nursing Facility</strong></th>
<th><strong>Other Members Eligible for Long-Term Care</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>DMMA is pursuing a State Plan Amendment to allow for 12-month continuous coverage for women after the end of a pregnancy; this SPA is pending with CMS.</td>
<td>No automatic closures of cases.</td>
<td>No automatic closures of cases.</td>
<td>No automatic closures of cases.</td>
</tr>
</tbody>
</table>
DHSS has been in regular contact with members, partners, and stakeholders about unwinding since April 2022.

- MCO text campaign
- Announcements via DMMA, DSS, and DMAP websites, newspapers
- Outreach to providers and stakeholders
- Provider associations
- Community partners and advocates
- Flyers and posters placed in state agency and health care provider offices
## Communications Strategy

### Audiences

**INTERNAL**
- DHSS
- DSS Call Centers
- Health Benefits Manager Call Centers
- Delaware State Agencies
- State Executive Leadership

**EXTERNAL**
- Benefits Recipients
- Elected offices
- Managed Care Orgs (MCOs)
- Marketplace Navigators
- Medical Providers and Facilitates
- Community Organizations
- Consumer Advocates

### Tactics

#### Direct Member Outreach
- Mail (Notices/Letters)
- Text
- Email
- Phone
- ASSIST Self Service Portal
- DHSS Website Content and Banners
- Social Media Content and Graphics

#### Public Outreach
- Webinars and Briefings
- Community Partner and Provider Toolkits
- Outreach Materials (Flyers, Posters, Infographics)
- Social Media and Video
- E-newsletter Content
- Media: Press Releases, Media Outreach, and Paid Media Campaign

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* DelawareDHSS  
* @Delaware_DHSS  
* @deldhss  
* dhss.delaware.gov
ONGOING MEMBER COMMUNICATIONS

GET READY TO RENEW NOW!
DON'T RISK LOSING YOUR DELAWARE MEDICAID COVERAGE

Delaware Medicaid renewals restarted on April 1, 2023.

<table>
<thead>
<tr>
<th>STEP 1</th>
<th>Report name changes (your name and household members).</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEP 2</td>
<td>Update your contact information (mailing address, email address, and phone numbers).</td>
</tr>
<tr>
<td>STEP 3</td>
<td>Check your mail/email for letters from Delaware Medicaid.</td>
</tr>
<tr>
<td>STEP 4</td>
<td>Complete your Delaware Medicaid renewal form (if you get one).</td>
</tr>
</tbody>
</table>

For more information, visit de.gov/medicaidrenewals.
TTY users: 1-855-889-4325.
Español, Kreyòl ayisyen, العربية, Tiếng Việt, or other languages: 1-866-843-7212.

Postcards will be sent.

Find communications materials at: de.gov/medicaidrenewals

Current social media.
STATE OF DELAWARE

TRANSITION TO OTHER COVERAGE

Federally Facilitated Marketplace (FFM) Navigators in Delaware

Westside Family Healthcare
westsidehealth.org

Quality Insights
qualityinsights.org

dhss.delaware.gov
STATE OF DELAWARE

SEQUENCE OF COMMUNICATIONS
For illustrative purposes only

Month of Sequence

1. Targeted Outreach by MCOs
2. 60-day Email and Text
3. Renewal letters go out
4. Closing notices go out
5. 30-day Email and Text
6. Medicaid coverage renews or ends (e.g. June 1)
7. Closing notices go out
8. Targeted Outreach by MCOs
9. 60-day Email and Text
10. Renewal letters go out
11. 30-day Email and Text
12. Medicaid coverage renews or ends (e.g. June 1)
13. Closing notices go out
14. Targeted Outreach by MCOs

Note: this sequence will repeat on a monthly basis for 1/9 of Medicaid members.

This slide illustrates a sequence for individuals with renewals due in April.
<table>
<thead>
<tr>
<th>Division of Social Services (DSS)</th>
<th>Division of Medicaid &amp; Medical Assistance (DMMA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Create <strong>new Medicaid renewal team</strong></td>
<td>• Update and test eligibility systems</td>
</tr>
<tr>
<td>• Create front end fair hearing resolution team</td>
<td>• System improvements to handle passive renewals (saves a mailing to members automatically deemed eligible)</td>
</tr>
<tr>
<td>• Augment/realign staff to handle:</td>
<td>• Expand staff capacity to process renewals for people receiving long-term care</td>
</tr>
<tr>
<td>• Returned mail</td>
<td>• Coordinate with health plans to ensure readiness for unwinding</td>
</tr>
<tr>
<td>• Contacting clients regarding returned renewals</td>
<td></td>
</tr>
<tr>
<td>• Document imaging</td>
<td></td>
</tr>
<tr>
<td>• Augment Call Center</td>
<td></td>
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</table>
SUMMARY OF ELIGIBILITY UNWINDING

The Consolidated Appropriations Act signed in late 2022 dictates that the unwinding period will begin on April 1, 2023.

Unwinding will result in an unprecedented workload for the State.

The State has multiple strategies planned to ensure continuity of coverage for individuals.

The State will communicate with members and stakeholders during each stage of the process.
On December 29, 2022, the CAA became law, marking the end of SNAP Emergency Allotments in February 2023.
The last month Emergency Allotments will be issued to Delaware SNAP households.

The first month since 2020 that benefits will be reduced back to regular eligibility levels.
Individuals received extra emergency food benefits on top of their normal food benefit during the federal Public Health Emergency.

The SNAP Emergency Allotment benefit equaled $10 million per month on average.

Current SNAP caseload: 61,759 cases

Covering 124,854 individuals
Emergency allotment = (equals)
current maximum benefit amount for the household size *minus*
the household’s current monthly benefit amount.

<table>
<thead>
<tr>
<th>Number in SNAP Household</th>
<th>Maximum Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$281</td>
</tr>
<tr>
<td>2</td>
<td>$516</td>
</tr>
<tr>
<td>3</td>
<td>$740</td>
</tr>
<tr>
<td>4</td>
<td>$939</td>
</tr>
<tr>
<td>5</td>
<td>$1,116</td>
</tr>
<tr>
<td>6</td>
<td>$1,339</td>
</tr>
<tr>
<td>7</td>
<td>$1,480</td>
</tr>
<tr>
<td>8</td>
<td>$1,691</td>
</tr>
<tr>
<td>Each additional person</td>
<td>$211</td>
</tr>
</tbody>
</table>
DHSS will still support individuals who qualify for SNAP

Need Additional Help? Call Delaware’s 2-1-1 Helpline
# Communications Strategy

## State of Delaware

## Communications Strategy

<table>
<thead>
<tr>
<th><strong>Audiences</strong></th>
<th><strong>Tactics</strong></th>
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<tr>
<td><strong>INTERNAL</strong></td>
<td><strong>DIRECT MEMBER OUTREACH</strong></td>
</tr>
<tr>
<td>- DHSS Division Leadership &amp; Staff</td>
<td>- Mail (Letters)</td>
</tr>
<tr>
<td>- DSS Benefits Call Center Staff</td>
<td>- ASSIST Self Service Portal</td>
</tr>
<tr>
<td>- Constituent Relations</td>
<td>- DHSS Website Content and Banners</td>
</tr>
<tr>
<td>- Delaware State Agencies</td>
<td>- Social Media Content and Graphics</td>
</tr>
<tr>
<td>- Offices of the Governor and Lt. Governor and other Statewide Officials</td>
<td><em>Messages to be translated to Spanish/Haitian Creole</em></td>
</tr>
<tr>
<td><strong>EXTERNAL</strong></td>
<td><strong>PUBLIC OUTREACH</strong></td>
</tr>
<tr>
<td>- SNAP Benefit Recipients</td>
<td>- Webinars and Briefings for Key Stakeholder Groups</td>
</tr>
<tr>
<td>- Community Partners and Advocates</td>
<td>- Community Partner and Provider Communications Toolkits</td>
</tr>
<tr>
<td>- Elected Offices</td>
<td>- Outreach Materials Social Media and Video</td>
</tr>
<tr>
<td>- Medical Provider Community and Health Care Facilities</td>
<td>- E-newsletter Content</td>
</tr>
<tr>
<td>- Consumer Advocates and Advisory Committees</td>
<td>- Press Releases</td>
</tr>
</tbody>
</table>

*Deals with the following social media and email addresses:

- [Facebook](https://www.facebook.com/DelawareDHSS)
- [Twitter](https://twitter.com/DeDelaware_DHSS)
- [Instagram](https://www.instagram.com/@deldhss)
- [Website](https://de.gov/snapchanges)*
## Appendix: CAA Provisions

<table>
<thead>
<tr>
<th>PHE Unwinding</th>
<th>U.S. Territories</th>
<th>Maternal Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed end date for Medicaid continuous coverage, gradual phasedown of enhanced federal match, and new Guardrails*</td>
<td>Extension of higher federal Medicaid match rates for Puerto Rico, American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the U.S. Virgin Islands.</td>
<td>Permanent state option to extend 12-months postpartum coverage in Medicaid/CHIP.</td>
</tr>
<tr>
<td>Extension through 2024 of several Medicare telehealth flexibilities authorized under the PHE.</td>
<td></td>
<td>Reauthorization of the Maternal, Infant, and Early Childhood Home Visiting Program and new virtual home visiting option.</td>
</tr>
</tbody>
</table>

*Today’s focus

Source: CAA
Appendix: CAA Provisions

**Children & Adolescent Health**
- Requirement to provide children with 12 months continuous Medicaid/CHIP eligibility, effective January 1, 2024.
- Extension of CHIP funding through fiscal year (FY) 2029.
- Enhancements to the provision of Medicaid/CHIP services while a youth is incarcerated in a public institution.

**Behavioral Health**
- Reauthorizes behavioral health programs and expands access to opioid/substance use disorder (SUD) prevention, treatment, and recovery support services.
- Requires the United States Department of Health and Human Services (HHS) to issue guidance on crisis response.

Source: CAA
Appendix: CAA Provisions

Home and Community-Based Services (HCBS)

- Extended funding for the Medicaid Money Follows the Person Rebalance Demonstration program.
- Extended protections against spousal impoverishment for recipients of HCBS.

Source: CAA
Appendix: CMS Reporting Requirements

The State of Delaware will submit the following:

**February 15, 2023**
Renewal Distribution Plan

**February 15, 2023**
Eligibility System Configuration and Testing Plans

**April 8, 2023**
Baseline Unwinding Data

The State of Delaware will submit the following on a monthly basis from April 1, 2023 to June 30, 2024:

- Number of Clients for Whom Coverage is Renewed
- Number of Clients for Whom Coverage is Passively Renewed
- Number of Clients Whose Coverage is Terminated
- Number of Clients Whose Coverage is Terminated for Procedural Reasons
- Number of Clients Who are Enrolled in Separate CHIP
- Number of Clients for Whom Coverage is Renewed
- Total Call Center Volume
- Average Call Center Wait Time
- Average Call Center Abandonment Rate
If a member is found ineligible for Medicaid/CHIP by the State due to federal regulations:

**Member creates account at HealthCare.gov**

**Member verifies identity and starts a new Marketplace application**

**Member completes their application and reviews eligibility results**

**Member compares Marketplace plans and enrolls in coverage**

**State sends letter to members found ineligible for Medicaid/CHIP with information about Delaware’s two FFM Navigator organizations**

**Member contacts Navigator and establishes relationship**

**Navigators assist member in successfully completing FFM steps**

**DHSS Actions**
Appendix: Communications Materials

End of SNAP Emergency Food Benefits
Find communications and outreach materials related to the end of SNAP Emergency Food Benefits at:

DE.GOV/SNAPCHANGES

End of Medicaid Continuous Coverage
Find communications and outreach materials related to the restart of the annual Medicaid renewal process at:

DE.GOV/MEDICAIDRENEWALS

*Additional materials will be added as they become available.